

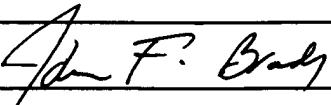
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PTO/SB/21 (08-00)  
Approved for use through 10/31/2002. OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		<b>Application Number</b>	09/770,410
		<b>Filing Date</b>	01/25/2001
		<b>First Named Inventor</b>	Christian Huber, et al.
		<b>Group Art Unit</b>	1723
		<b>Examiner Name</b>	Therkorn, Ernest
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	P-576

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Remarks	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 2px; display: inline-block;">Postcard; Form PTO-1449A; Copies of 33 references as cited on Form PTO-1449A</div>

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	John F. Brady, Registration No. 39,118 Transgenomic, Inc.	 25732
Signature	 PATENT & TRADEMARK OFFICE	
Date	15 NOV 02	

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: <input type="text" value="15 NOV 02"/>		
Typed or printed name		
Signature	Date	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

\$180.00

## Complete if Known

Application Number	09/770,410	CH	LOGY	RE
Filing Date	01/25/2001	FI	LG	CH
First Named Inventor	Christian Huber, et al.	IN	VE	CH
Examiner Name	Therkorn, Ernest G.	ER	VE	CH
Group Art Unit	1723	2001	ER	CH
Attorney Docket No.	P-576	1	ER	CH

## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  Other  None
 Deposit Account:Deposit Account Number **50-0821**Deposit Account Name **John F. Brady**

The Commissioner is authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments Charge any additional fee(s) during the pendency of this application Charge fee(s) indicated below, except for the filing fee to the above identified deposit account.

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity | Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non - English specification	
147	2,520	147	2,520	For filing a request for ex parte reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR § 1.17(q)	
126	180	126	180	Submission of Information Disclosure Statement	180.00
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

## Large Entity | Small Entity

## Fee Description

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) **\$0.00**

\*\*or number previously paid, if greater; For Reissues, see above

SUBTOTAL (3) **\$180.00**

## SUBMITTED BY

## Complete (if applicable)

Name (Print/Type)	John F. Brady	Registration No. (Attorney/Agent)	39,118	Telephone	(408) 514-3134
Signature	<i>John F. Brady</i>			Date	15 NOV 02

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